

Enhancing Violence against Women Work: An Exploration of the Complexities of Trauma – Proceedings Report

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Overview

This report summarizes the proceedings of the 3rd Violence against Women Symposium, *Enhancing Violence against Women Work: an Exploration of the Complexities of Trauma* that took place on Friday, November 23, 2012 at the Lyle S. Hallman Faculty of Social Work, Wilfrid Laurier University. The symposium was sponsored by the VAW Forum – Central West Region in partnership with the Social Innovation Research Group, Lyle S. Hallman Faculty of Social Work.

The purpose of this report is to serve as a record of the proceedings for future planning, policy and program development. This report provides a summary of the plenary sessions and workshops and results of the participant feedback survey.

Opening Remarks

Leslie Josling, Co-Chair of the VAW Forum, welcomed everyone from the Forum, which she reminded everyone in attendance, was an idea which emerged from the strategic plan for the VAW sector that was developed several years ago. Since that time the sector collaboration has expanded to include the Social Innovation Research Group (SIRG), the Faculty of Social Work, Sexual Assault Support Centres, and Children's Aid Societies. The symposium is an opportunity to look at the intersecting points of violence against women and trauma, which will allow us to make a difference in the way we offer services.

Dr. Nick Coady, Dean of the Faculty of Social Work, welcomed everyone to the FSW and expressed his pleasure for the partnership between the Social Innovation Research Group and the VAW Forum. Marg Rappolt, Deputy Minister of the Ministry of Community and Social Services, brought greetings from the Honourable John Milloy and commended the VAW Forum for their work strengthening collaboration and commitment to exploring innovative ways to improve services. Marg expressed her appreciation for the sharing of best practices that have informed policy direction, and pointed to the partnership between the VAW Forum and SIRG as an example of the success that can be achieved through collaboration.

Dr. Ginette Lafrenière, Director of SIRG at the Faculty of Social Work, affirmed that the symposium was a celebration of university and community collaboration and recounted the accomplishments of the partnership between SIRG and the VAW Forum since it began in 2007.

Keynote Presentation: Ian DeGeer, M.S.W., Ph.D. (can.)

Learning from Other Jurisdictions: Niagara's Domestic Violence Report Card

Ian presented on the research and findings from the Niagara Domestic Violence Report Card. The Report Card was an opportunity to paint a picture of violence against women in Niagara Region, highlight good work and what needs improvement. It became an educational tool for learning about violence against women and what's happening in the community. The research included tangible measures, which enabled looking at trends over time. Including the voices of service users and service providers was an important part of the project. The first report card started in 2008, as the beginning of a conversation. It involved 15 women through interviews and focus groups. The second report card in 2012 involved 23 women who had no contact with the shelter system as well as rural women. Across both report cards there were 80 service providers involved. Ian spoke about the difficulty of getting men involved. Recruitment of male participants took place on the last day of Partner Assault Response (PAR) programs so that it was clear that their participation was not linked to their completion of the program. However, future strategies would need to recruit men earlier in their process of PAR.

Public statistics provided a context for the reports, showing the trends and patterns across agency data and police statistics. As the police statistics indicate, this is still a gendered issue as most victims are women and most accused are men. The research for the reports revealed that the intersection between fear and power was a significant theme. With regard to the involvement of police, women feared nothing would be done, that they wouldn't be believed, that there would be an inconsistency in response, and that police would call the Children's Aid Society (CAS). Women also feared the power of child welfare workers and it was noted that this fear does not diminish when a case is closed. The report cards found that women stop talking to people because of the duty to report, causing isolation. The second report card included 37 child welfare employees. They talked about collaboration with domestic violence advocates, and the report card found that workers who had early and numerous contacts with domestic violence advocates were more insightful, reflexive, and able to critique their work. Collaboration led to improved expertise, made the job easier and increased role clarity.

With respect to trauma, Ian spoke about the risk in this work to re-traumatize people. As he pointed out, trauma does not go away. One of the strategies to mitigate the risk of re-traumatization was to have a support worker present for interviews. He also noted that there was evidence of vicarious trauma for the practitioners and researchers involved in the project.

One of the significant learnings from the project was that a model for conducting this research needed to be tailored to the community. Additionally, report cards require courage and vulnerability as agencies give freely of their staff and sometimes the feedback isn't what they would prefer to hear. There has been interest in the project internationally as a way of creatively sharing information about violence against women, and Ian shared his vision of a provincial violence prevention report card.

Concurrent Workshops

Dr. Carol Stalker – Lyle S. Hallman Faculty of Social Work

How Trauma Makes Us Physically Sick and What We Can Do to Help

Carol's workshop focused on research on the physical impacts of trauma. Her work on a 10-year project investigating women's experiences of seeking care for physical symptoms of trauma resulted in a handbook for health professionals on sensitive practice. Carol summarized the Adverse Childhood Experience Study, which showed the relationship between adverse childhood experiences and the risk for a variety of health outcomes. The study found that participants with a higher rating of adverse childhood experiences also reported more unexplained somatic conditions, were more likely to be raped, were more likely to be a victim of abuse, and were more likely to experience teen pregnancy. Research on the effects of woman abuse is showing that people who have suffered intimate partner violence tend to use health services more and have more problems with the patient-provider relationship. Direct effects of woman abuse include injuries to head, neck and face, orbital fractures, potential brain injuries, strangulation, self-reported disability, and chronic pain. The indirect effects of woman abuse include poorer general health and increased use of substances.

Carol presented a case study that allowed participants to explore the factors that contribute to a woman's unwillingness to see a healthcare provider and strategies for intervening. The SHE (Safety & Health Enhancement for Women Experiencing Abuse) Framework was presented as a model for partnership between healthcare and the VAW sector and a way to change the way the system responds to everyone, including women who have experienced trauma. Shifting away from a medical model to a woman-centred model will move women toward safety. The core of the trauma

informed concept is to presume that everyone in treatment has been exposed to violence so that everyone is treated with respect. Carol provided a resource for counsellors to help women identify what could make sessions with a doctor easier.

Laurie Robinson M.S.W. – kidsLINK Consultant, Project Management & Program Development

Understanding the Theory and Practice of Trauma-informed Services

Laurie's workshop focused on trauma and changing some of the mistaken beliefs about clients with whom we may work. To assist in framing trauma and trauma informed services in a new light, Laurie's workshop included new knowledge about the prevalence of trauma on a societal level, the impact of trauma on brain developing and functioning later in life, the impact of trauma on health, as well as providing a greater understanding of trauma-informed services and systems. Detailed information was provided about some of the research that has been undertaken which demonstrates the psychobiological impact of trauma and how these effects are often misdiagnosed or misinterpreted as symptoms of mental health disorders like ADHD or Conduct Disorder in youth. The workshop also provided an introduction to some results of research on trauma within vulnerable populations of children and youth. Vulnerable populations include but are not limited to youth and children who are sexually abused, of Aboriginal decent, refugees, LGBTQ identified, or substance using. Statistics shared in this workshop supported the assertion that the experience of trauma is epidemic. It was made clear that an individual or an agency being informed about trauma or providing trauma specific services is not interchangeable with trauma informed services. Asking the question "what has happened?" as opposed to "what's wrong?" was presented as an indicator of the shift in practice which trauma informed services can produce. Some of the key aspects of the history of trauma informed services were provided in addition to important contributions to the philosophy and principles of this practice. The emphasis in trauma informed practice is that it operates within trauma informed organizations. Some criteria and self-assessments that have been established in this area to work towards a trauma informed systems approach were shared. In addition, some current and emerging innovations in the Canadian context were shared along with links to a variety of resources about trauma informed practice.

Joan Tuchlinsky – Public Education Manager, Sexual Assault Support Centre of Waterloo Region

Sexual Assault and Vicarious Trauma amongst Working Professionals: Deconstructing Impact

Joan's workshop focused on working with survivors of sexual assault and domestic violence and strategies to manage vicarious trauma specifically at the peer collegial

and organizational level. Joan defined vicarious trauma as a shift within the helper because they've been engaging empathically. She noted that we all have a coping mechanism to believe that bad things won't happen to us, but that to do good work we need to remove that filter in order to be empathetic, however, when we remove that filter we are at increased risk of vicarious trauma. Participants shared notable trends or changes in their work with survivors and the impact of those changes. This included doing work with sex workers for the first time, an increase in mental health and substance abuse issues, working with women who are incarcerated, increased prescribing of medications, self injury, complex trauma, and ritual abuse.

The workshop explored characteristics of the client and of the work/setting that increase risk for vicarious trauma, and a self-assessment resource was provided for assessing personal risk and experience of vicarious trauma. Participants discussed the coping procedures and strategies employed by themselves, their colleagues and their agencies and barriers to employing them. The discussion included key themes such as the fear of reprimand that stops frontline workers from disclosing vicarious trauma to their supervisors as well as the importance of peer support as a way to remove that power imbalance as a barrier to disclosure. A number of features of agencies were noted as creating barriers to effectively dealing with vicarious trauma, including funding cuts to services for front line workers and an increase in contract work, which provides less access to vacation, sick days and professional development.

Dr. Magnus Mfoafo-McCarthy – Lyle S. Hallman Faculty of Social Work & Santiago Grande M.S.W. – Mosaic Family Counselling Services

Exploring the Impact of Trauma on the Mental Health of Immigrants & Refugees: Case Studies from the Field

Magnus and Santiago's workshop focused on the impact of trauma on immigrants and refugees. Santiago spoke about the importance of remembering that trauma is widespread in our community and that we will encounter this in our services on a daily basis. He stressed that we need to employ perspectives of dignity and respect, and we must do work to rid ourselves of pre-conceived notions in order to understand people's own understanding of the issues. We must also consider people's level of trust, remembering that many people who are new to this community are coming from experiences where it is not safe to trust. We must check our assumptions of crisis management and recognize the additional factors that may disrupt a person's ability to deal with crisis. We must also remember that immigrants to this country have ties to family and friends in unstable/violent communities and they may be impacted by the current experiences of those they are close to who are living far away. Santiago suggested that trust is built through the provision of tangible work, and noted that there is an ethical responsibility to ensure that the person is able to do the work that an

agency requires of them when we make referrals. Trauma is about more than allowing people to share their stories it is about creating power, control and choice.

Magnus spoke about how practitioners often do not have a real conceptualization of the impact of living with serious major violence daily. He explained what trauma looks like at the three stages of pre-migration, migration and post-migration. The majority of immigrants who come to Canada are found to be healthy in the first few months, as is required to pass health standards to enter the country, however, less than half identify themselves as healthy within 5 years of arriving in Canada. Two case studies were presented to explore the impact of trauma and accessing services. It was noted that having somebody from the community to work with that population could contribute to distrust because of what that person may represent to them in the context of their history. Additionally, time constraints on meetings can have an impact on the level of engagement and trust we are able to build.

Showcase of Public Awareness Initiatives Taking Place in Central West Region

The afternoon began with a showcase of various public awareness initiatives in the region, including work by Halton Women's Place, Family Transition Place, Guelph Wellington Action Committee on Sexual Assault and Domestic Violence, Women's Crisis Services of Waterloo Region and KW Counselling Services.

Dr. Kristin Trotter, Lyle S. Hallman Faculty of Social Work

Vicarious Resilience and Trauma Work: An Important Conversation to Engage

Kristin's presentation engaged a conversation about health and trauma, and the way the inner experience of the clinician is impacted by being exposed to stories of trauma and what it takes to deal with that level of vicarious trauma. Kristin explained that you have to have vicarious trauma to have vicarious resilience and to work with a client, you need to be able to empathically attune and to flow into the experience of the client; to be able to hold your own in the face of excruciating pain and trauma. This is a task of any clinician who works with a population dealing with trauma.

Kristen presented a model of trauma that she developed out of her work with refugees. The model explains the movement of traumatic energy through a period of doubling

and splitting until it reaches a state of chaos, at which point the energy is pulled in two different directions, toward post traumatic stress, or post traumatic growth, or both. Clients are always growing and fragmenting; if you are fragmenting you are growing. Out of this comes emerging complexity, something that is different and better than what was. Growth from trauma makes us bigger and better and more intricate. Kristin explained that within the clinicians' experience this is referred to as vicarious resilience: as we flow into the lived experience of our clients' trauma, we grow – we fragment, we experience chaos but we grow. If, as a clinician, you are fragmenting, you can also experience vicarious resilience. Characteristics of vicarious resilience include strength of character, appreciation for vulnerability, emotional expressiveness, and greater levels of empathy. It's about transforming the energy of trauma. You can't deal with something that raw and brutal in a way that is not transformational. Clinicians also experience vicarious traumatization. This might include disruptions in memory, experiences of intrusive traumatic imagery, and flashbacks. Clinicians sometimes feel ashamed of such intrusive, violent images. However, Kristin noted, you can't get lost in vicarious traumatization if you are emerged in empathy. Empathic attunement, she explained, means accurately feeling one's way into the lived experience of another. This is what the therapist brings which is essential for transforming the trauma. If the clinician does not have empathic attunement then nothing will change. The act of engaging with the client transforms the experience of the clinician through an encounter with trauma and just as the client is moving through trauma, so too is the clinician. Without vicarious trauma you will not be able to sit with a client in their pain. If you are going to work with trauma victims you need a way to know that you are centred and you need to know what being deeply centred feels like. It will keep you healthy when you are working with survivors of trauma. Kristin led the participants in an experiential exercise to find their deeply centred awareness.

Through the presentation of a case study Kristin demonstrated how empathic attunement, vicarious traumatization and vicarious resilience occur in practice. By allowing herself to be vicariously traumatized by her client she is able to hold that energy in order to allow the work to move forward. In response to questions from participants Kristin spoke about the need to be able to talk to our agencies about being traumatized. She suggested that you take care of frontline workers by teaching them about being centred and what it feels like to be knocked off centre. Additional advice to clinicians included being able to turn to peers for support, knowing your capacity, and knowing when you have been thrown off balance. In some cases vicarious trauma is a spot of light in a traumatic moment, but you have to know that vicarious resilience always travels with vicarious trauma.

Feedback Survey

A total of 50 participants completed and returned the feedback survey, which asked participants to rate the event, the sessions, and to provide feedback on future symposium topics.

All respondents agreed that the day engaged their interest, was relevant to their work, and was presented clearly and effectively. Eighty-three percent of respondents agreed that the day helped them to better understand VAW issues and challenges, 93% agreed that the day provided good information regarding promising perspectives, and 94% agreed that the day provided sufficient opportunities for interaction.

Overall, respondents of the survey were very satisfied with the sessions. Ninety-five percent of respondents rated the plenary sessions as “good” or “excellent”, and 76% of respondents rated the concurrent sessions as “good” or “excellent”.

Results of the Feedback Survey

Overall, I felt the day...	Strongly disagree	Disagree	Agree	Strongly agree
Engaged my interest	0	0	62%	38%
Was relevant to my work	0	0	46%	54%
Helped me to better understand VAW issues and challenges	2%	15%	50%	33%
Provided good information regarding promising perspectives	2%	4%	60%	33%
Provided sufficient opportunities for interaction	0	6%	70%	24%
Was presented clearly and effectively	0	0	55%	45%

Respondents identified a number of aspects of the day as most valuable. The topics and knowledgeable facilitation of the concurrent workshops and the plenary sessions emerged as a particularly salient theme in the feedback. Respondents also valued the learning from the day and opportunities to network and learn with their colleagues. The focus on trauma was seen as valuable and the emphasis on diversity was appreciated.

“So helpful as someone in the field to reflect on the work we do and have a framework to assist in understanding the therapeutic process.”

To make the day better respondents made a number of recommendations with respect to the space used as the room was quite full. Some respondents would have appreciated having access to presentation materials beforehand or afterward. Respondents were interested in more detailed conversations and tools for front line workers, including those who are not therapists.

Participants were asked for their suggestions of themes to be explored in future symposiums and survey respondents provided the following suggestions: sexual assault, how to take care of front line workers, the intersectionality of race and violence, harm reduction in practice, doing violence against women work as a clinician with lived experience, providing integrated services, collaborative work, responding to the whole family system, empathic attunement, clinical supervision in violence against women work, the link between human and animal violence, tools for trauma work, trauma focus in residential settings and vicarious trauma.

"This will stay with me and help me in my work with women who are abused and in my journey as a counselor."